

| POSITION                  | INITIALS | ID NO. | DATE      |
|---------------------------|----------|--------|-----------|
| FEE DETERMINATION         | M-T      |        | 03-17-01  |
| O.I.P.E. CLASSIFIER       | DN       | 32     | 1/23      |
| FORMALITY REVIEW          | K        | 1019   | 108-25-01 |
| RESPONSE FORMALITY REVIEW |          |        |           |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Date    |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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16 8/23/01